

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Dist Nevada

(State)

Case number (if known): _____ Chapter 11 Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's nameKONA GOLD, LLC**2. All other names debtor used in the last 8 years**

Include any assumed names,
trade names, and *doing business*
as names

3. Debtor's federal Employer Identification Number (EIN)9 0 - 0 7 4 2 7 9 5**4. Debtor's address****Principal place of business**115 & 139 STATE ROUTE 341

Number Street

Mailing address, if different from principal place of business316 CALIFORNIA AVENUE # 94

Number Street

P.O. Box

MOUND HOUSE

City

NV

State

89501

ZIP Code

RENO

City

NV

State

89501

ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL) Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify: _____

Debtor	<u>KONA GOLD, LLC</u> Name		Case number (if known) _____
<p>7. Describe debtor's business</p> <p>A. Check one:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input checked="" type="checkbox"/> None of the above</p> <hr/> <p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501) <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes.</p> <hr/>			
<p>8. Under which chapter of the Bankruptcy Code is the debtor filing?</p> <p>Check one:</p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11. Check all that apply:</p>		<p><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that). <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form. <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>	
<p>9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?</p> <p>If more than 2 cases, attach a separate list.</p>		<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>	
<p>10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?</p> <p>List all cases. If more than 1, attach a separate list.</p>		<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ MM / DD / YYYY</p> <p>Case number, if known _____</p>	

Debtor KONA GOLD, LLC
Name _____ Case number (if known) _____

11. Why is the case filed in this district? Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No
 Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
 What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____
 Number _____ Street _____

 City _____ State _____ ZIP Code _____

Is the property insured?
 No
 Yes. Insurance agency _____
 Contact name _____
 Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds Check one:
 Funds will be available for distribution to unsecured creditors.
 After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors 1-49 1,000-5,000 25,001-50,000
 50-99 5,001-10,000 50,001-100,000
 100-199 10,001-25,000 More than 100,000
 200-999

15. Estimated assets \$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion
 \$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion
 \$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion
 \$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

Debtor	<u>KONA GOLD, LLC</u> Name		Case number (if known) _____
16. Estimated liabilities		<input type="checkbox"/> \$0-\$50,000 <input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> \$500,001-\$1 million <input type="checkbox"/> \$100,000,001-\$500 million <input type="checkbox"/> More than \$50 billion	

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

- 17. Declaration and signature of authorized representative of debtor**
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/04/2017
MM / DD / YYYY

X <u>/s/ Steve Davis</u> Signature of authorized representative of debtor	<u>Steve Davis</u> Printed name
Title <u>Manager</u>	

18. Signature of attorney

X <u>/s/ J. Craig Demetras</u> Signature of attorney for debtor	Date <u>05/04/2017</u> MM / DD / YYYY
---	--

<u>J. Craig Demetras</u> Printed name		
<u>Law Offices of J. Craig Demetras</u> Firm name		
<u>230 E. LIBERTY STREET</u> Number Street		
<u>RENO</u> City	<u>NV</u> State	<u>89501</u> ZIP Code
<u>(775) 348-4600</u> Contact phone	<u>mail@demetras-oneill.com</u> Email address	
<u>4246</u> Bar number	<u>NV</u> State	

Fill in this information to identify the case:

Debtor name KONA GOLD, LLC
 United States Bankruptcy Court for the: Nevada
 Case number (If known): _____

Check if this is an amended filing

Official Form 206D**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Creditor's name <u>JIN DE LAND</u>	Describe debtor's property that is subject to a lien <u>115 & 139 State Route 341</u> <u>Mound House, NV 89706</u>	<u>\$2,000,000.00</u> <u>\$500,000.00</u>
Creditor's mailing address <u>901 CORPORATE CENTER DRIVE #500</u> <u>MONTEREY PARK, CA 91754</u>		
Creditor's email address, if known _____	Describe the lien <u>NOTE</u>	
Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____	Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
2.2 Creditor's name <u>LYON COUNTY TREASURER</u>	Describe debtor's property that is subject to a lien <u>139 STATE ROUTE 341</u> <u>MOUND HOUSE, NV 89706</u>	<u>\$6,221.00</u> <u>\$0.00</u>
Creditor's mailing address <u>27 SOUTH MAIN STREET</u> <u>YERINGTON, NV 89447</u>		
Creditor's email address, if known _____	Describe the lien <u>NOTE</u>	
Date debt was incurred _____	Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number <u>1 - 0 3</u>	Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____		
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	<u>\$2,316,221.00</u>	

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.3	Creditor's name WILLIAM W. & SALLY A. TARGOSH	Describe debtor's property that is subject to a lien 115 STATE ROUTE 341 MOUND HOUSE, NV 89706	\$310,000.00	\$500,000.00
Creditor's mailing address 1002 WINTERS PARKWAY DAYTON, NV 89403				
Creditor's email address, if known		Describe the lien NOTE		
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Date debt was incurred 9/28/2011		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Last 4 digits of account number				
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____				
2.4	Creditor's name _____	Describe debtor's property that is subject to a lien _____	\$ 0.00	\$ 0.00
Creditor's mailing address _____				
Creditor's email address, if known _____		Describe the lien _____		
Date debt was incurred		Is the creditor an insider or related party? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number		Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____				

Debtor

KONA GOLD, LLC

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Fill in this information to identify the case:

Debtor	KONA GOLD, LLC
United States Bankruptcy Court for the:	Nevada
Case number (If known)	

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address CHRIS PETERSON	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$29,958.00 \$12,475.00
Date or dates debt was incurred	Basis for the claim: WAGES	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.2 Priority creditor's name and mailing address DARCY MCMILLIN P. O. 794 VIRGINIA CITY, NV 89440	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,180.00 \$19,180.00
Date or dates debt was incurred	Basis for the claim: WAGES	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		
2.3 Priority creditor's name and mailing address INTERNAL REVENUE SERVICE P. O. BOX 7346 PHILADELPHIA, PA 19101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$19,792.00 \$19,792.00
Date or dates debt was incurred	Basis for the claim: Taxes and Other Government Debts	
Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim Priority amount

2.4	Priority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 4600 KIETZKE LANE, SUITE L-235 RENO, Nevada 89502	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 655.00	\$ 655.00
	Date or dates debt was incurred	TAXES Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2.5	Priority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ 0.00
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2.6	Priority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			
2.7	Priority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____	\$ _____
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 4 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
3.1 Nonpriority creditor's name and mailing address AETNA INSURANCE 151 FARMINGTON AVENUE HARTFORD, CT 06156	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 8,532.00
3.2 Nonpriority creditor's name and mailing address CHRIS PETERSON	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: non-priority wage claim Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 17,483.00
3.3 Nonpriority creditor's name and mailing address DELTA DENTAL 3560 DELTA DENTAL DRIVE ST. PAUL, MN 55122	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 500.00
3.4 Nonpriority creditor's name and mailing address DEMETRAS & O'NEILL 230 E. LIBERTY STREET RENO, NV 89501	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 12,000.00
3.5 Nonpriority creditor's name and mailing address FRANK & LINDA MARCIN	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 10,000.00
3.6 Nonpriority creditor's name and mailing address GARRET WEYAND 608 DURWOOD LACANADA, CA 91011	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Date or dates debt was incurred _____ Last 4 digits of account number _____	\$ 40,851.00

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.7	Nonpriority creditor's name and mailing address <u>INTERNAL REVENUE SERVICE</u> <u>P. O. BOX 7346</u> <u>PHILADELPHIA, PA 19101</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>NOTICE ONLY</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address <u>INTUIT</u> <u>2700 COAST AVENUE</u> <u>MOUNTAIN VIEW, CA 94043</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>7,796.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.9	Nonpriority creditor's name and mailing address <u>KATE MCMANUS</u> <u>1637 H STREET</u> <u>NAPA, CA 94559</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>52,357.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address <u>MARK HILL</u> <u>1637 H STREET</u> <u>NAPA, CA 94559</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>5,000.00</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address <u>NEVADA DEPARTMENT OF TAXATION</u> <u>1550 COLLEGE PARKWAY, SUITE 115</u> <u>CARSON CITY, Nevada 89706-7937</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>NOTICE ONLY</u>
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.12	Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 4600 KIETZKE LANE, SUITE L-235 RENO, Nevada 89502	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 714.70
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.13	Nonpriority creditor's name and mailing address NEVADA DEPARTMENT OF TAXATION 555 E. WASHINGTON AVENUE #1300 LAS VEGAS, Nevada 89101	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ NOTICE ONLY
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address NEVADA EMPLOYMENT SECURITY DIVISION 500 E. THIRD STREET CARSON CITY, Nevada 89713	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 7,303.00
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address NORTH AMERICAN MAPPING 2175 GREEN VISTA DRIVE SPARKS, NV 89431	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 18,000.00
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address NV ENERGY P. O. BOX 10100 RENO, NV 89520	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,799.00
	Date or dates debt was incurred Last 4 digits of account number	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.17	Nonpriority creditor's name and mailing address <u>OFFICE OF THE U.S. TRUSTEE</u> <u>300 BOOTH STREET, ROOM 3009</u> <u>RENO, Nevada 89509</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>NOTICE ONLY</u>
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address <u>RICHARD LAPRAIRE</u> <u>1595 ASBURY LANE</u> <u>RENO, NV 89523</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>22,437.00</u>
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address <u>ROBERT G. CUFFNEY</u> <u>1595 ASBURY LANE</u> <u>RENO, NV 89523</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>9,409.00</u>
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.20	Nonpriority creditor's name and mailing address <u>SHAFER EQUIPMENT CO.</u> <u>955 GREG ST</u> <u>SPARKS, NV 89431</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>6,186.00</u>
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.21	Nonpriority creditor's name and mailing address <u>SOCIAL SECURITY ADMINISTRATION</u> <u>160 SPEAR STREET, SUITE 1300</u> <u>SAN FRANCISCO, California 94105-1545</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>NOTICE ONLY</u>
		Basis for the claim: _____	
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.22	Nonpriority creditor's name and mailing address STEVE DAVIS 316 CALIFORNIA AVENUE #94 RENO, NV 89501	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ 89,304.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.23	Nonpriority creditor's name and mailing address T.D. JEFFERSON P. O. BOX 5772 INCLINE VILLAGE, NV 89450	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 8,266.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.24	Nonpriority creditor's name and mailing address THE COMPUTER GUY 1185 CALIFORNIA AVENUE, STE G RENO, NV 89509	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,030.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.25	Nonpriority creditor's name and mailing address WOODBURN & WEDGE 6100 NEIL LANE #500 RENO, NV 89511	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 50,000.00
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Last 4 digits of account number _____		
3.26	Nonpriority creditor's name and mailing address _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
		Basis for the claim: _____	
	Date or dates debt was incurred _____	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Last 4 digits of account number _____		

Part 3:**List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	NEVADA LABOR COMMISSION 1818 COLLEGE PKWY, SUITE 102 CARSON CITY, Nevada 89706-7986	Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.2.	KERN & ASSOCIATES, LTD 5421 KIETZKE LANE, SUITE 200 RENO, NV 89511	Line <u>3.15</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.3.	SUMMIT COLLECTION SERVICES 491 COURT STREET RENO, NV 89501	Line <u>3.24</u> <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____
4.12.		Line _____ <input type="checkbox"/> Not listed. Explain _____ _____	_____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5a.

\$ 69,585.00

5b. Total claims from Part 2

5b.

+ \$ 372,967.70

5c. Total of Parts 1 and 2

\$ 442,552.70

Lines 5a + 5b = 5c.

5c.

Fill in this information to identify the case:

Debtor name	KONA GOLD, LLC
United States Bankruptcy Court for the:	Nevada
Case number (If known):	

Check if this is an amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	STEVE DAVIS 316 CALIFORNIA AVENUE #94 RENO, NV89501						\$89,304.00
2	KATE McMANUS 1637 H STREET NAPA, CA94559						\$52,357.00
3	WOODBURN & WEDGE 6100 NEIL LANE #500 RENO, NV89511						\$50,000.00
4	GARRET WEYAND 608 DURWOOD LACANADA, CA91011						\$40,851.00
5	CHRIS PETERSON		WAGES				\$29,958.00
6	RICHARD LAPRAIRE 1595 ASBURY LANE RENO, NV89523						\$22,437.00
7	INTERNAL REVENUE SERVICE P. O. BOX 7346 PHILADELPHIA, PA19101		Taxes and Other Government Debts				\$19,792.00
8	NORTH AMERICAN MAPPING 2175 GREEN VISTA DRIVE SPARKS, NV89431						\$18,000.00

Debtor KONA GOLD, LLC
Name _____ Case number (*if known*) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	CHRIS PETERSON		non-priority wage claim				\$17,483.00
10	DEMETRAS & O'NEILL 230 E. LIBERTY STREET RENO, NV89501						\$12,000.00
11	DARCY MCMILLIN P. O. 794 VIRGINIA CITY, NV89440		WAGES				\$11,856.00
12	FRANK & LINDA MARCIN						\$10,000.00
13	ROBERT G. CUFFNEY 1595 ASBURY LANE RENO, NV89523						\$9,409.00
14	AETNA INSURANCE 151 FARMINGTON AVENUE HARTFORD, CT06156						\$8,532.00
15	T.D. JEFFERSON P. O. BOX 5772 INCLINE VILLAGE, NV89450						\$8,266.00
16	INTUIT 2700 COAST AVENUE MOUNTAIN VIEW, CA94043						\$7,796.00
17	See Attachment 1 500 E. THIRD STREET CARSON CITY, NV89713						\$7,303.00
18	SHAFTER EQUIPMENT CO. 955 GREG ST SPARKS, NV89431						\$6,186.00
19	THE COMPUTER GUY 1185 CALIFORNIA AVENUE, STE G RENO, NV89509						\$5,030.00
20	MARK HILL 1637 H STREET NAPA, CA94559						\$5,000.00

Attachment
Debtor: KONA GOLD, LLC Case No:

Addendum 1

a. NEVADA EMPLOYMENT SECURITY DIVISION

Fill in this information to identify the case and this filing:

Debtor Name KONA GOLD, LLC
 United States Bankruptcy Court for the: Nevada
 Case number (*If known*): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206–Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration_____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/04/2017
 MM / DD / YYYY

X /s/ Steve Davis

Signature of individual signing on behalf of debtor

Steve Davis

Printed name

Manager

Position or relationship to debtor

**UNITED STATES BANKRUPTCY COURT
NEVADA**

In Re:

Case No.

KONA GOLD, LLC

Debtor(s)

**DECLARATION RE: ELECTRONIC FILING OF
PETITION, SCHEDULES & STATEMENTS**

PART I - DECLARATION OF PETITIONER

I (WE) **KONA GOLD, LLC**, the undersigned debtor(s), **hereby declare under penalty of perjury** that the information provided in the electronically filed petition, statements, and schedules is true and correct and that I signed these documents prior to electronic filing. I consent to my attorney sending my petition, statements and schedules to the United States Bankruptcy Court. I understand that this DECLARATION RE: ELECTRONIC FILING is to be executed at the First Meeting of Creditors and filed with the Trustee. I understand that failure to file the signed and dated original of this DECLARATION may cause my case to be dismissed pursuant to 11 U.S.C. § 707(a)(3) without further notice. I (we) further declare under penalty of perjury that I (we) signed the original Statement of Social Security Number (s), (Official Form B21), prior to the electronic filing of the petition and have verified the 9-digit social security number displayed on the Notice of Meeting of Creditors to be accurate.

If petitioner is an individual whose debts are primarily consumer debts and who has chosen to file under a chapter: I am aware that I may proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, understand the relief available under each chapter, and choose to proceed under this chapter. I request relief in accordance with the chapter specified in this petition. I (WE) and, the undersigned debtor(s), **hereby declare under penalty of perjury** that the information provided in the electronically filed petition, statements, and schedules is true and correct.

If petitioner is a corporation or partnership: I declare under a penalty of perjury that the information provided in the electronically filed petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in this petition.

If petitioner files an application to pay filing fees in installments: I certify that I completed an application to pay the filing fee in installments. I am aware that if the fee is not paid within 120 days of the filing date of filing the petition, the bankruptcy case may be dismissed and, if dismissed, I may not receive a discharge of my debts.

Dated: May 4, 2017

Signed: /s/ Steve Davis
(Applicant)

(Joint Applicant)

PART II - DECLARATION OF ATTORNEY

I **declare under penalty of perjury** that the debtor(s) signed the petition, schedules, statements, etc., including the Statement of Social Security Number(s) (Official Form B21) before I electronically transmitted the petition, schedules, and statements to the United States Bankruptcy Court, and have followed all other requirements in Administrative Orders and Administrative Procedures, including submission of the electronic entry of the debtor(s) Social Security number into the Court's electronic records. If an individual, I further declare that I have informed the petitioner (if an individual) that [he or she] may qualify to proceed under chapter 7, 11, 12 or 13 of Title 11, United States Code, and have explained the relief available under each chapter. This declaration is based on the information of which I have knowledge.

Dated: May 4, 2017

Attorney for Debtor(s) /s/ /s/ J. Craig Demetras

J. Craig Demetras

Address of Attorney 230 E. LIBERTY STREET

RENO, Nevada 89501

AETNA INSURANCE
151 FARMINGTON AVENUE
HARTFORD, CT 06156

CHARLES KOZAK
3100 MILL ST., STE 115
RENO, NV 89502

CHRIS PETERSON

DARCY MCMILLIN
P. O. 794
VIRGINIA CITY, NV 89440

DELTA DENTAL
3560 DELTA DENTAL DRIVE
ST. PAUL, MN 55122

DEMETRAS & O'NEILL
230 E. LIBERTY STREET
RENO, NV 89501

FRANK & LINDA MARCIN

GARRET WEYAND
608 DURWOOD
LACANADA, CA 91011

INCORP SERVICES, INC.
3773 HOWARD HUGHES PKWY
STE 500S
LAS VEGAS, NV 89169

INTERNAL REVENUE SERVICE
P. O. BOX 7346
PHILADELPHIA, PA 19101

INTUIT
2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

JIN DE LAND
901 CORPORATE CENTER DRIVE #500
MONTEREY PARK, CA 91754

KATE McMANUS
1637 H STREET
NAPA, CA 94559

KERN & ASSOCIATES, LTD
5421 KIETZKE LANE
SUITE 200
RENO, NV 89511

LYON COUNTY TREASURER
27 SOUTH MAIN STREET
YERINGTON, NV 89447

MARK HILL
1637 H STREET
NAPA, CA 94559

McDONALD CARANO WILSON, LLP
c/o JOHN FRANKOVICH
P. O. BOX 2670
RENO, NV 89505

NEVADA DEPARTMENT OF TAXATION
4600 KIETZKE LANE, SUITE L-235
RENO, NV 89502

NEVADA DEPARTMENT OF TAXATION
555 E. WASHINGTON AVENUE #1300
LAS VEGAS, NV 89101

NEVADA DEPARTMENT OF TAXATION
1550 COLLEGE PARKWAY, SUITE 115
CARSON CITY, NV 89706-7937

NEVADA EMPLOYMENT SECURITY DIVISION
500 E. THIRD STREET
CARSON CITY, NV 89713

NEVADA LABOR COMMISSION
1818 COLLEGE PKWY
SUITE 102
CARSON CITY, NV 89706-7986

NORTH AMERICAN MAPPING
2175 GREEN VISTA DRIVE
SPARKS, NV 89431

NV ENERGY
P. O. BOX 10100
RENO, NV 89520

OFFICE OF THE U.S. TRUSTEE
300 BOOTH STREET, ROOM 3009
RENO, NV 89509

RICHARD LAPRAIRE
1595 ASBURY LANE
RENO, NV 89523

ROBERT G. CUFFNEY
1595 ASBURY LANE
RENO, NV 89523

SHAFER EQUIPMENT CO.
955 GREG ST
SPARKS, NV 89431

SOCIAL SECURITY ADMINISTRATION
160 SPEAR STREET, SUITE 1300
SAN FRANCISCO, CA 94105-1545

STEVE DAVIS
316 CALIFORNIA AVENUE #94
RENO, NV 89501

STEVE DAVIS
316 CALIFORNIA AVENUE # 94
RENO, NV 89501

SUMMIT COLLECTION SERVICES
491 COURT STREET
RENO, NV 89501

T.D. JEFFERSON
P. O. BOX 5772
INCLINE VILLAGE, NV 89450

THE COMPUTER GUY
1185 CALIFORNIA AVENUE, STE G
RENO, NV 89509

WILLIAM W. & SALLY A. TARGOSH
1002 WINTERS PARKWAY
DAYTON, NV 89403

WOODBURN & WEDGE
6100 NEIL LANE #500
RENO, NV 89511

UNITED STATES BANKRUPTCY COURT
Nevada

In re: **KONA GOLD, LLC**

Case No. _____

Debtors

Chapter **11**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: May 4, 2017

Signed: /s/ Steve Davis

Dated: _____

Signed: _____

Signed: /s/ /s/ J. Craig Demetras
J. Craig Demetras
Attorney for Debtor(s)
Bar no.: 4246
230 E. LIBERTY STREET
RENO, Nevada 89501
Telephone No: (775) 348-4600
Fax No: (775) 348-9315

E-mail address:
mail@demetras-oneill.com